

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GREEN DIAMOND RESOURCE COMPANY POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NORMAN D DICKS

Mailing Address PO Box 1663

City  
TacomaState  
WAZip Code  
98401Purpose of Disbursement  
disbursementCandidate Name  
Norm Dicks for Congress

011

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 06

Transaction ID: SB23.5193

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	8

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

GORDON HAROLD SMITH

Mailing Address 1101 SKYLINE DRIVE

City  
PENDLETONState  
ORZip Code  
97801Purpose of Disbursement  
disbursementCandidate Name  
FRIENDS OF GORDON SMITH

011

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: SB23.5194

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	8

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

MIKE MR. THOMPSON

Mailing Address P O Box 10541

City  
NapaState  
CAZip Code  
94581Purpose of Disbursement  
disbursementCandidate Name  
MIKE THOMPSON FOR CONGRESS

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: SB23.5197

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	8

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....